Colorado Pharmacy Survey

October 2014

Introduction

The Colorado Department of Public Health and Environment (CDPHE) and RxPlus partnered on a survey to better understand the current state of pharmacy practice. National programs like Medicare, through its star rating process, are creating opportunities for pharmacists to engage in new kinds of work. CDPHE, RxPlus and partners will use the information gathered to provide resources that enable pharmacists to meet their goals in their dynamic field and provide the best care to their clients.

The survey specifically focused on the kinds of services pharmacists provide to clients with high blood pressure and diabetes. These are key national focus areas, given their high rate of co-occurrence and the unique opportunity presented with affected clients to manage these diseases and avoid longer-term and more severe complications.

One hundred five RxPlus members in Colorado were asked to respond to the survey between August 25, 2014 and September 17, 2014. Thirty-nine members responded, for a response rate of 37%. Collectively, the respondents' pharmacies employed 105 pharmacists and 149.5 pharmacy technicians.

Consultation Services

All but one respondent indicated that their pharmacies provide consultation services to clients daily or on most days of the week. Respondents reported the most common triggers for providing consultation services include a patient request (35 out of 39; 90%), initiation of a new medication (33 out of 39; 85%), and change in dosage/frequency of the medication (27 out of 39; 69%). Few members indicated that they provide consultation upon prescription renewal (8 out of 39; 21%) or at each visit (7 out of 39; 18%).

Responding pharmacies were asked to indicate whether they provided consultation on best practice components of medication adherence, life-style behavior education, and patient self-management for patients diagnosed with hypertension and/or diabetes. Table 1 provides the number of respondents and an estimated calculation of pharmacists to provide each component. Estimates were calculated based on the number of pharmacists each member pharmacies employ and whether they indicated that the component was part of their pharmacy practice.

Table 1 RxPlus members (n=39) and estimated number of pharmacists (n=105) providing consultative services for Hypertensive and Diabetic patients

	RxPlus Member Responses (n=39)		Estimated Pharmacists (n=105)	
	Hypertension	Diabetes	Hypertension	Diabetes
Medication Adherence	**# (%)**	**# (%)**	**# (%)**	**# (%)**
Dosage of medication	34 (87%)	34 (87%)	87 (83%)	91 (87%)
Frequency of medication	33 (85%)	33 (85%)	84 (80%)	88 (84%)
Side-effects of medication	33 (85%)	34 (87%)	88 (84%)	94 (90%)
Contraindications	30 (77%)	30 (77%)	86 (82%)	90 (86%)
Importance of following prescribed medication regimen	33 (85%)	34 (87%)	82 (78%)	92 (88%)
Medication management with feedback to the client's physician	24 (62%)	25 (64%)	62 (59%)	69 (66%)
Life-Style Behavior Education	**# (%)**	**# (%)**	**# (%)**	**# (%)**
General nutrition information	15 (38%)	23 (59%)	33 (31%)	64 (61%)
Dietary Approaches to Stop Hypertension diet for hypertension control	15 (38%)	15 (38%)	32 (30%)	46 (44%)
Physical activity	25 (64%)	27 (69%)	52 (50%)	72 (69%)
Diabetes Self Management Education	13 (33%)	22 (56%)	31 (30%)	65 (62%)
Diabetes Prevention Program	9 (23%)	18 (46%)	19 (18%)	52 (50%)
Smoking or tobacco cessation	24 (62%)	22 (56%)	60 (57%)	59 (56%)
Referral to Colorado QuitLine	19 (49%)	19 (49%)	59 (56%)	56 (53%)
Patient Self-Management	**# (%)**	**# (%)**	**# (%)**	**# (%)**
Home monitoring (e.g. automated cuff and glucose finger stick)	22 (56%)	28 (72%)	54 (51%)	82 (78%)
Goal setting to improve control	16 (41%)	20 (51%)	46 (44%)	55 (52%)
Development of a patient self-management plan	15 (38%)	18 (46%)	32 (30%)	51 (49%)
Food and/or medication journaling	15 (38%)	20 (51%)	41 (39%)	54 (51%)

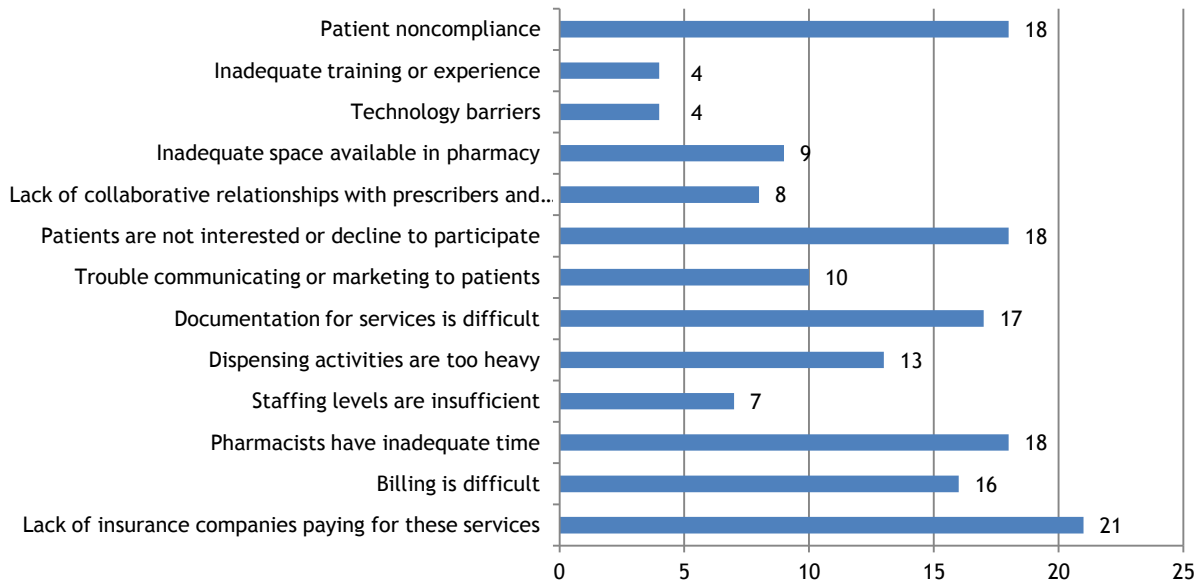
CDPHE reports to the Centers for Disease Control (CDC) on public health efforts to increase the engagement of health-care extenders, such as pharmacists, in the community to promote medication management or patient self-management. The responses reported in the table above helped to calculate the CDC performance measures in the outlined box below. The performance measures were calculated based on CDC guidance.

CDC performance measures[1]**:** Thirty-seven community pharmacists (35%) promote medication-management OR patient self-management of **high blood pressure** (hypertension). Fifty-seven community pharmacists (54%) promote medication-management OR patient self-management of **diabetes**.

More than half of the responding members reported their pharmacies (56%) do not use a standardized tool for medication adherence. Only 4 members indicated they used Morisky's 4 Item Self-Report Measure of Medication Taking Behavior (MMAS-4). Three indicated they used the DRAW (Drug Adherence Work-up) Tool.

Two thirds of the responding members indicated that they encountered barriers in providing consultation to patients. The most common barriers, as shown in the chart below, include issues with insurance payments, inadequate time, lack of patient interest, patient noncompliance, difficulties in documentation, and difficulties in billing.

Figure 1 Barriers to providing consultation (n=39)



[1] In order to be considered as promoting medication management OR patient self-management for either disease, respondents had to provide the following consultative services: 3 of the following 4 Medication Adherence services (Dosage of medication, Frequency of medication, Side-effects of medication, Contraindications) AND 2 of the following 3 services (General nutrition information, Physical activity, Food and/or medication journaling) AND any of the other service options mentioned in Medication Adherence, Life-style Behavior Education or Patient Self-Management. The total number of pharmacists employed by respondents who met criteria was included in the performance measure.

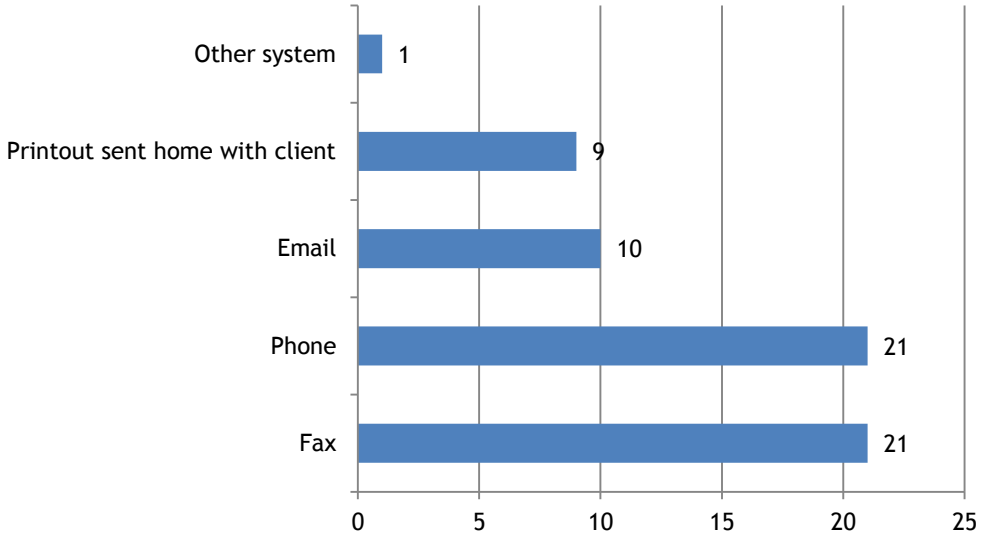
Collaboration with Health Care Providers

Thirty six out of 39 respondents (92%) indicated their pharmacies accept eRx (electronic prescriptions) from outside healthcare facilities (e.g. primary care clinics, urgent care clinics, hospitals and Community Health Centers).

Sixty four percent indicated that their pharmacies coordinate with local primary care clinics, urgent care clinics, hospitals or Community Health Centers to enhance patient/customer care. However, the majority (20 out of 25) do not have a formal agreement like a collaborative practice agreement with the clinics or health centers.

All of the respondents indicated that they communicate back with primary care providers. The most common mechanisms for doing so, as shown in the chart below, are via phone and fax, although about a third indicated that they use email and/or paper printouts.

Figure 2 Methods of communicating back to primary care providers (n=39)



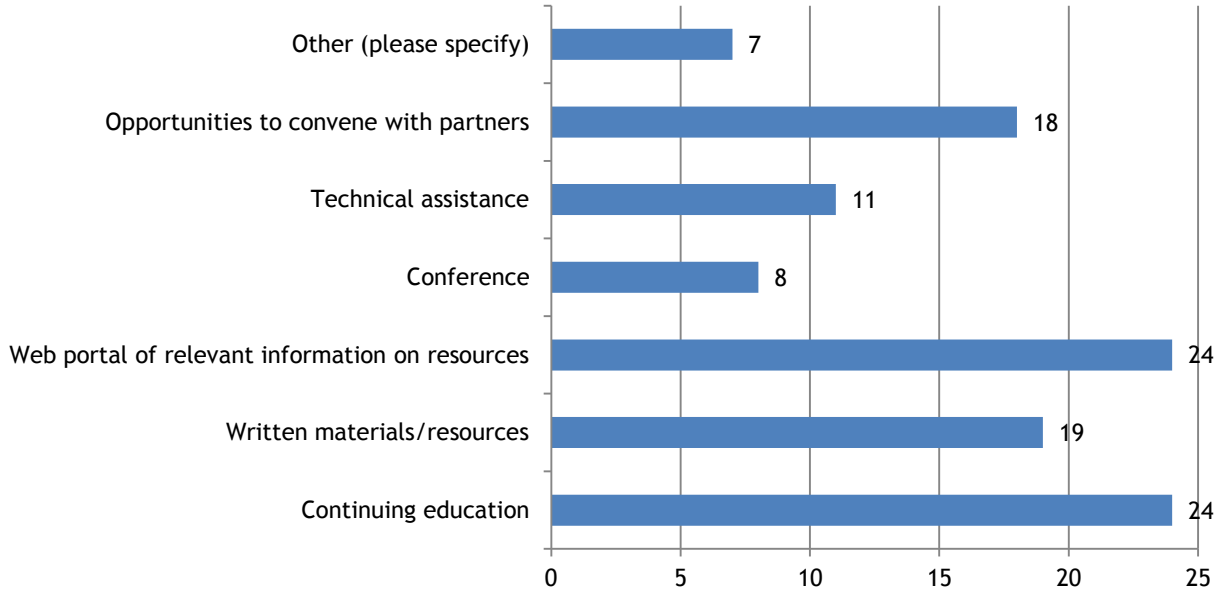
Fourteen members provided a brief description of how their coordination with local primary care clinics, urgent care clinics, hospitals or community health centers works. The majority of the coordination described mentioned direct referral systems in place, regular communication and follow-up, care or referral systems specifically for diabetic patients and practice agreements to provide immunizations. One respondent mentioned having good relationships in regards to compliance, dosing and interactions, but felt like coordination could be improved. Actual responses are provided in Appendix A.

Support

Respondents were asked how the Colorado Department of Public Health and Environment could support their pharmacy work. The most frequently cited methods of support included continuing education and a web portal of relevant information on resources, with 62% of the respondents selecting these support methods. Forty nine percent and 46%, respectively, indicated that providing written materials/resources and opportunities to convene with partners would be supportive.

Seven respondents provided information on "other" ways CDPHE could support their pharmacy work. One respondent asked for more advanced training such as Board Certification and ambulatory care. The six other respondents requested support to improve payment for services (i.e., immunizations, medication therapy management, consultation services, disease management). One of the six respondents explained issues with Medicaid requiring prior authorizations for many medications which causes a delay in getting prescriptions filled, as well as, Medicaid not updating their drug costs which results in the pharmacy taking a loss which is difficult to offset. Actual responses are provided in Appendix B.

Figure 3 Ways the CDPHE can support pharmacy work (n=39)



Million Hearts Awareness

Less than half of the responding pharmacists (18 out of 39; 46%) had heard of Colorado's Million Hearts® initiatives at the time of the survey. Of the 19 pharmacists who hadn't heard of the initiatives, 15 requested more information. Nine of the pharmacists who had heard of Million Hearts® previously also requested more information. Contact information for interested RxPlus members has been provided to CDPHE staff associated with the initiatives.

Please describe your coordination with local primary care clinics, urgent care clinics, hospitals or Community Health Centers. (n=14)
Calls prn, collaborative practice agreement for vaccinations
Direct referrals with local providers - Diabetes
We have a very good relationship with clinic, providers in our area and talk daily with them. We have several unique delivery systems in place for patient compliance and adherence.
We have one primary care clinic in our building that refers diabetic patients to us. We then communicate back to them issues and recommendations for these patients.
We do have many patients referred directly to us because their providers have a better relationship with us then our competitors. We then address the prescribers concerns with the patient monitor and follow-up with the provider if necessary.
We are currently marketing our diabetes clinic (facilitated thru University of Colorado) to offices.
Work with both clinics in La Jara very closely. Not as much with other clinics.
Dependent on office we collaborate and centralize patient care for multi providers and relay information out to all providers. Ideally functioning as medication home or healthcare home for the patients.
Example we download glucose monitor results and print them out for the patient to take back to the provider. If needed a call will be made.
Yuma is a rural town located in eastern Colorado. Many of the patients that are seen at the local Yuma hospital then come directly to the Yuma Shop-All Pharmacy.
Immunization authorization under directive of a local physician
Direct referral or through a conversation at window
If a problem or question about such things as Dosage, Strength, Possible Drug Interaction, etc. should come up I either call the provider or type up a note and FAX it to the provider.
Although we have good relationships with providers regarding compliance, dosing, interactions, etc, I feel this could be improved. Our response from offices is too often deemed an aggravation by them.

Appendix B

"Other" ways the Colorado Department of Public Health & Environment could support your pharmacy work (n=7)
Advanced learning opportunities that are sponsored by CDPHE (i.e. Board Cert and ambulatory care classes?)
Work with us to improve payment for services rendered.
Cover immunizations and MTM/consultation services.
Pay for the time we spend with each patient STOP STUPID AUDITS
Reimbursement for disease management allows for adequate staffing to do the job right.
Allow for billing of professional services
Very frequently it seems that Colorado Medicaid is requiring Prior Authorization for a number of medications and this causes much delay in getting the medication to my patients. This is a terrible waste of not only my time, but the time and effort for the Clinic Employees. Also Medicaid is not updating their data base on drug costs and I am taking a loss on a number of very expensive medications such is Invega 9mg and Invega 3mg. In my rural setting it takes a long time to off set these losses.